- 1-

COMBINED DECLAR				PB6040			
APPLICATION WITH POWER OF ATTORNEY			First Named Inventor:				
				Markus BERGA			
				BERGA	OER		
( ) Declaration submitted with initia	l filing or				e if known:		
( ) Declaration submitted after initia	l filing (surcharge	required 37CFR1 16(e))		App No.:			
	3 (	1-1					
				Filing Da	ate		
				Group A	rt Unit:		
. As below named	l inventor. I here	eby declare that:					
My residence, post office	address and citiz	zenship are as stated bel	ow next to my name.				
I believe I am the origina (if plural names are listed entitled:	l, first and sole it below) of the su	nventor (if only one nan ubject matter which is cl	ne is listed below) or an original aimed and for which a patent is	, first and jo sought on t	oint inventor he invention		
QUINOLINE AND (	QUINAZOLINE	DERIVATIVES HAV	'ING AFFINITY FOR 5HT1-7	TYPE REC	EPTORS		
the specification of which	n (check only one	e item below):					
[ ]is attached hereto. OR							
Application Number <u>z</u> P	[x] was filed on as United States application Serial No or PCT International Application Number <u>z PCT/EP2004/008000</u> filed 15 July 2004 and was amended on (MM/DD/YYYY) (if applicable)						
I hereby state that I have as amended by any amen	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.						
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an inventor's certificate or of any PC claimed:	any PCT internated have also iden T international a	tional application which tified below, by checking pplication having a filin	designated at least one country g the box, any foreign application g date before that of the application	other than t n for patent	the United t or		
PRIOR FOREIGN AND ANY P				·····			
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED		
1. 0316915.8				X			
2.							
3.							
4.							
	5.  I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:						
Application No.	rac 33, Officed S		e (MM/DD/YYYY)	iication(s) l	inger actom:		
1.	-	Time Date	(IVATHEDI I I I I J		· · · · · · · · · · · · · · · · · · ·		
2.							
3.							

#### COMBINED DECLARATION FOR UTILITY or DESIGN ATTORNEY'S DOCKET NUMBER PB60403 PATENT APPLICATION WITH POWER OF ATTORNEY Continued I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION STATUS (Check one) U.S. Parent Application or PCT Parent Parent Filing Date PATENTED PENDING ABANDONED Number (MM/DD/YYYY) POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462 Direct Telephone Calls to: Address all correspondence and telephone calls to Customer Number 20462 Soma G. Simon 610 270 5019 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may ieopardize the validity of the application or any patent issuing thereon. FAMILY NAME **FULL NAME** FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR **BERGAUER** 2 Markus INVENTOR'S Signature **SIGNATURE** Yolus for 8/09/04 RESIDENCE & COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 0

Germany CITIZENSHIP Verona Italy POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY **ADDRESS** GlaxoSmithKline, Corporate Intellectual King of Prussia Pennsylvania 19406-0939 US Property - UW2220, P O Box 1539, **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR **BERTANI** 2 Barbara INVENTOR'S Signature **SIGNATURE** RESIDENCE & STATE OR FOREIGN COUNTRY 0 CITIZENSHIP Verona Italy Italy POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY ADDRESS GlaxoSmithKline, Corporate Intellectual 2 King of Prussia Pennsylvania 19406-0939, US Property - UW2220, P O Box 1539 **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR 2 BIAGETTI Matteo INVENTOR'S SIGNATURE RESIDENCE & 0 STATE OR FOREIGN COUNTRY CITIZENSHIP Verona Italy Italy POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY **ADDRESS** GlaxoSmithKline, Corporate Intellectual 3 King of Prussia Pennsylvania 19406-0939, US Property - UW2220, P O Box 1539

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROMIDGE Signature	Steven	Mark
l	INVENTOR'S			Date:
	SIGNATURE	Stan Clark Bro	• —	1 0- 1
ļ	•	I Slave Mark Toro	$\sim$	24th August Don
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona	Italy	Great Britain
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939
		Property - UW2220, P O Box 1539	King of Trussia	remisylvania 19400-0939,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	FALCHI	Alessandro	SECOND GIVEN NAMEDINITIAL
	INVENTOR'S	Signature	Alessandro	Date:
	SIGNATURE	·		Date.
		10 10		5.00
		Slessandro (All		06/29/94
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona	Italy	Italy
1 .	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939
	<b></b>	Property - UW2220, P O Box 1539,	1	
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LESLIE	Colin	Philip
	INVENTOR'S	Signature		Date:
	SIGNATURE		•	( -1
		l Colin Ples	الما	01/09/04
_	DEGIDENCE 6	CITY		
0	RESIDENCE & CITIZENSHIP	Verona	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	Italy	Great Britain
6	ADDRESS	GlaxoSmithKline, Corporate Intellectual	CITY	STATE & ZIP CODE/COUNTRY
ľ	ADDRESS	Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939,
<b></b>	FULL NAME	FAMILY NAME		
2	OF INVENTOR	MERLO	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
<b>1</b>	INVENTOR'S	Signature	Giancarlo	
	SIGNATURE	O C C		Date
	/	Casa. 1/2/1		30 -0 -4
		Janan/2/16		25.08.04
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona	Italy	Italy
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, <b>3</b> 8%
		Property - UW2220, P O Box 1539	1	ļ , , , , , , , , , , , , , , , , , , ,
l	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PIZZI	Domenica	Antonia
	INVENTOR'S	Signature		Date:
	SIGNATURE		_	
		Donemes Duton	o Para	28-08-06
0	RESIDENCE &	CITY CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Verona		
	POST OFFICE	POST OFFICE ADDRESS	Italy city	Italy STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	1
]		Property – UW2220, P O Box 1539	Tang vi Fiussia	Pennsylvania 19406-0939, 181
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	RINALDI	Marilisa	SECOND GIVEN NAMEDINITIAL
_	INVENTOR'S	Signature	I IVI AI III SA	Date:
	SIGNATURE			Date.
		$LH^{L}M^{L}$		
		Maxieso divaldi		23-08-2004 COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Verona	Italy	Italy
			CITY	
	POST OFFICE	POST OFFICE ADDRESS	CHY	STATE & ZIP CODE/COUNTRY
9	POST OFFICE ADDRESS	GlaxoSmithKline, Corporate Intellectual		
9			King of Prussia	Pennsylvania 19406-0939

### **DECLARATION FOR "371" APPLICATION**

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STASI	Luigi	Piero
ł	INVENTOR'S	Signature		Date:
į.	SIGNATURE			
		dustan thus		24-8-04
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Verona	Italy	Italy
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
		Property - UW2220, P O Box 1539		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	TIBASCO	Jessica	
	INVENTOR'S	Signagure	0000101	Date
	SIGNATURE	<i>                                     </i>		
		$M \sim M_{\rm p}$		20-08-lady
		1 cyllo	. <del>e.th</del>	20-00-2504
0	RESIDENCE &	/ity	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Veroa	Italy	Italy
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
11	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
		Property - UW2220, P O Box 1539		, , , , , , , , , , , , , , , , , , , ,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VONG	Antonio	Kuok, Keong
I	INVENTOR'S	Signature		Date:
i	SIGNATURE			<b>i</b>
ł		ł		<b>+</b>
1 .				
0	RESIDENCE & CITIZENSHIP	CITY Harlow	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1			Essex	Great Britain
١.,	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
		Property - UW2220, P O Box 1539	<u></u>	
١.	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Simon	Edward
	INVENTOR'S	Signature		Date:
	SIGNATURE	•		
1				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Harlow		
	POST OFFICE	POST OFFICE ADDRESS	Essex	Great Britain
13	ADDRESS	GlaxoSmithKline, Corporate Intellectual		
*3	ADDICESS	Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
L	l	Froperty - 0 W 2220, P O BOX 1539	1	

COMBINED DECLAR	RATION FO	OR UTILITY O	R DESIGN PATENT	ATTORNEY'S DOCKET PB60403			
APPLICATION WITH	1 POWER (	OF ATTORNEY		First Named Inventor:			
				Markus			
				BERGAUER			
( ) Declaration submitted with initial	filing or			Complete if known:			
( ) Declaration submitted after initial	l filing (surcharge re	equired 37CFD1 16(a))		App No.:			
(,,		Admica 3701 K1.10(c))					
				Filing Date			
				Group Art Unit:			
				1			
As below named	d inventor. I hereb	by declare that:					
My residence, post office	address and citize	enship are as stated belo	ow next to my name.				
I believe I am the origina (if plural names are listed entitled:	l, first and sole in I below) of the sub	ventor (if only one name object matter which is cla	e is listed below) or an original, f imed and for which a patent is so	irst and joint inventor ught on the invention			
QUINOLINE AND	QUINAZOLINE	DERIVATIVES HAV	ING AFFINITY FOR 5HT1-T	YPE RECEPTORS			
the specification of which	n (check only one	item below):					
[ ]is attached hereto. OR							
[x] was filed on as United States application Serial No or PCT International Application Number PCT/EP2004/008000 filed 15 July 2004 and was amended on (MM/DD/YYYY)  (if applicable)							
I hereby state that I have as amended by any amen	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.							
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internation d have also idention onal application ha	onal application which d fied below, by checking aving a filing date befor	lesignated at least one country oth the box, any foreign application to that of the application on which	ner than the United for patent or inventor's			
PRIOR FOREIGN AND ANY P							
Prior Foreign Application Number (s)	C	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED			
1. 0316915.8		GB	18 July 2003	X			
2.							
3.							
4.							
5.	itle 25 Haited St	A O-1- 0110( ) 0	77.5				
I hereby claim the benefit under T  Application No.	ine 33, United Sta			ation(s) listed below:			
1.		riing Date	(MM/DD/YYYY)				
2.							
3.				· · · · · · · · · · · · · · · · · · ·			

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Property - UW2220, P O Box 1539

GlaxoSmithKline, Corporate Intellectual

Property - UW2220, P O Box 1539

FAMILY NAME

**BIAGETTI** 

Signature

CITY

Verona

POST OFFICE ADDRESS

**FULL NAME** 

OF INVENTOR

INVENTOR'S

**SIGNATURE** 

RESIDENCE &

CITIZENSHIP

POST OFFICE

**ADDRESS** 

2

0

3

ATTORNEY'S DOCKET NUMBER

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

Pennsylvania 19406-0939, US

Date

Italy

PB60403

	or PCT Internationa is material to paten PCT international fi	I at is listed below an all application in the ratability as defined in ling date of this app		each of the c graph of 35 U wailable betw	laims of this applicated in the second secon	tion is not disclosed in	the prior United States
PRIOR	R U.S. PARENT	APPLICATION	or PCT PARENT APPL	ICATION			
	D 1 1 1	DOT D				STATUS (Check	
U.S.	Parent Application or Number	PC1 Parent	Parent Filing Date (MM/DD/YYYY)		PATENTED	PENDING	ABANDONED
prosecut Custome	e this application as Number 23347 as	nd to transact all band Customer Numl		emark Offic	ssociated with the electric connected therev	with	
Address	s all corresponder	ce and telephone	e calls to Customer Numb	er <u>20462</u>			lls to: G. Simon 270 5019
are beli made ai	eved to be true; an re punishable by f	nd further that th ine or imprisonn	herein of my own knowledgese statements were made valent, or both, under 18 U.S. at issuing thereon.	with the kn	owledge that will nd that such will	lful false statement	ts and the like so s may jeopardize
2	OF INVENTOR	BERGAUER		Markus		SECOND GIVEN	AMDINITIAL
	INVENTOR'S SIGNATURE	Signature		IVZWI KUS		Date:	
0	RESIDENCE & CITIZENSHIP	CITY Verona		STATE OR Italy	FOREIGN COUNTRY	COUNTRY OF CIT	TZENSHIP
1	POST OFFICE ADDRESS	Property – UW	ESS ne, Corporate Intellectual 2220, P O Box 1539,		Prussia	STATE & ZIP COD Pennsylvani	e/COUNTRY a 19406-0939 US
2	FULL NAME OF INVENTOR	FAMILY NAME BERTANI		FIRST GIVE Barbar		SECOND GIVEN	NAME/INITIAL
-	INVENTOR'S SIGNATURE	Signature		Darvar	•	Date:	
0	RESIDENCE & CITIZENSHIP	CITY Verona		STATE OR Italy	FOREIGN COUNTRY	COUNTRY OF CIT	IZENSHIP
	POST OFFICE	POST OFFICE ADDR		CITY	· · · · · · · · · · · · · · · · · · ·	STATE & ZIP COD	E/COUNTRY
2	ADDRESS		ne, Corporate Intellectual	King of	Prussia		a 19406-0939, US

FIRST GIVEN NAME

King of Prussia

STATE OR FOREIGN COUNTRY

Matteo

Italy

# **DECLARATION FOR "371" APPLICATION**

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROMIDGE	Steven	Mark
	INVENTOR'S	Signature		Date:
	SIGNATURE			
		CITY		
0	RESIDENCE & CITIZENSHIP	Verona **	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	Italy	Great Britain
4	ADDRESS	GlaxoSmithKline, Corporate Intellectual	CITY	STATE & ZIP CODE/COUNTRY
7	ADDICESS	Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	FALCHI	Alessandro	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
_				
0	RESIDENCE & CITIZENSHIP	Verona	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	Italy   CITY	Italy
5	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	STATE & ZIP CODE/COUNTRY
J	1	Property – UW2220, P O Box 1539,	King of Frussia	Pennsylvania 19406-0939 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LESLIE	Colin	Philip
	INVENTOR'S	Signature		Date:
	SIGNATURE			
			_	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona POST OFFICE ADDRESS	Italy	Great Britain
6	POST OFFICE ADDRESS	GlaxoSmithKline, Corporate Intellectual	CITY	STATE & ZIP CODE/COUNTRY
U	ADDICESS	Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MERLO	Giancarlo	
	INVENTOR'S	Signature		Date
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona	Italy	Italy
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual	CITY	STATE & ZIP CODE/COUNTRY
,	ADDRESS	Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PIZZI	Domenica	Antonia
	INVENTOR'S	Signature	1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date:
	SIGNATURE			
	ĺ			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Verona	Italy	Italy
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
		Property - UW2220, P O Box 1539		
_	FULL NAME	FAMILY NAME RINALDI	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	Signature	Marilisa	
2	INVENTORS	I		Date:
2	INVENTOR'S SIGNATURE			
2				
	SIGNATURE	CITY	STATE OR EODEICN COUNTRY	COUNTRY OF CITIZENCUID
0		CITY Verona	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	RESIDENCE & CITIZENSHIP POST OFFICE	Verona POST OFFICE ADDRESS	STATE OR FOREIGN COUNTRY  Italy  CITY	COUNTRY OF CITIZENSHIP Italy STATE & ZIP CODE/COUNTRY
	SIGNATURE  RESIDENCE & CITIZENSHIP	Verona	Italy	Italy

# DECLARATION FOR "371" APPLICATION

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STASI	Luigi	Piero
1 -	INVENTOR'S	Signature	1 Duigi	Date:
	SIGNATURE			Date:
	SIGNATURE			
1				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l	CITIZENSHIP	Verona	Italy	Italy
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
10	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
		Property - UW2220, P O Box 1539		, , , , , , , , , , , , , , , , , , , ,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	TIBASCO	Jessica	
1	INVENTOR'S	Signature		Date
İ	SIGNATURE			
	RESIDENCE &	CITY		
0	ľ	Veroa	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	POST OFFICE ADDRESS	Italy	Italy
l	POST OFFICE		CITY	STATE & ZIP CODE/COUNTRY
11	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
ļ		Property – UW2220, P O Box 1539		
1 .	FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VONG	Antonio	Kuok, Keong
l	INVENTOR'S	Signature		Date:
j.	SIGNATURE	N N N N		
		Antonio Vona		14th Sept. 2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Harlow	Essex	Great Britain
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
12	ADDRESS	GlaxoSmithKline, Corporate Intellectual	King of Prussia	Pennsylvania 19406-0939, US
		Property - UW2220, P O Box 1539		1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WARD	Simon	Edward
	INVENTOR'S	Signature		Date:
	SIGNATURE	I ( ( )		
				14 Jep 2004
0	RESIDENCE &	CITY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 "	CITIZENSHIP	Harlow	STATE OR FOREIGN COUNTRY  Essex	Great Britain
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
13	ADDRESS	GlaxoSmithKline, Corporate Intellectual		
13	ADDRESS	Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
L	<u>t</u>	1 1 Toperty - UW2220, P U Box 1539	1	

त्र के दिल्ली के की करता है। इसके किस्तु के की क